

**GURGAON INSTITUTE OF TECHNOLOGY & MANAGEMENT,
BILASPUR-TAURU ROAD,GURGAON-122413**

Six Months Industrial Training Evaluation Form

(To be filled By Training In-charge/Supervisor after Completion of Six Months Industrial Training)

Name of Student _____ Father's Name _____

Class Roll No _____ University Roll _____

Branch _____ Semester _____

Name & Address of Industrial Training Organization _____

Industrial Training conducted from _____ to _____

Name of Industrial Training Project _____

Internal evaluation :(Maximum Marks 50)

**Suggested criteria (Punctuality/Attendance, Technical Knowledge, General Behavior,
Project Report, Communication skills)**

Marks obtained _____

Marks in words _____

Name of Industrial Training In-charge/Supervisor _____

Designation _____

Contact No. _____

Signature of Industrial Training In charge/Supervisor with stamp

Note-This report is confidential and mandatory. The Training In-charge/Manager is requested to send it in a sealed envelope through concerned student.